

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	11/25/00
FORMALITY REVIEW		71423	1-12-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral).... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Date
Final Original	
1	7/14/00
2	✓
3	✓
4	✓
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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